



**COCONINO COUNTY
HEALTH DEPARTMENT**

ENVIRONMENTAL QUALITY

Barbara Worgess
Director
Robert Maglievaz
Manager

**ALTERNATIVE ONSITE DISPOSAL SYSTEM
OPERATION AND MAINTENANCE AFFIDAVIT**

_____, hereby certify that I have in my possession a copy of the Operation and Maintenance instructions which has been approved by the Coconino County Environmental Health Division, for the alternative onsite wastewater treatment system.

Location of Onsite Disposal System - Assessor's Parcel # or Subdivision, Unit, & Lot

Type of Alternative Onsite/Disposal System

I have read and completely understand the contents of these operating instructions, including all operational requirements, all maintenance requirements, all monitoring requirements, all reporting requirements, and all costs which may be incurred because of these requirements. I will comply fully with all aspects of these operating instructions.

In the event that I sell, lease, or otherwise convey ownership of the onsite wastewater treatment system, I will notify the new owner of these responsibilities, and the Coconino County Division of Environmental Health, in writing within one week so that my responsibility can be released.

Owner's Signature

This instrument was acknowledged before me this

Date, Month, Year

Notary's Signature and Seal